PTO/SB/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 0 683902 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING **PRESENT** NUMBER RATE ADDI-RATE ADDI-AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FFF Total (37 CFR 1.16(c)) ENDMI Minus 56 56 OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CF) 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ENDMENT **AFTER PREVIOUSLY** EXT TIONAL TIONAL FEE AMENDMENT PAID FOR FEE Total Minus 56 (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3 CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE Annı. ENT AFTER **PREVIOUSLY EXTRA** TIONAL TIÒNAL **AMENDMENT** PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDM OR independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number
09/683902

		(Column					SMALL EN	MALL ENTITY		OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			.56				1	RATE	FEE	OR 	RATE	FEE	
FOR-			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			56 minus 20=		* 36			X\$ 9=		OR	X\$18=	642	
INDEPENDENT CLAIMS			3 minus 3 =		<u> </u>			X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=		
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	"0" in column 2		TOTAL		OR	TOTAL	1388	
	C	LAIMS AS A	MENDED - PART II								OTHER		
_		(Column 1)		(Colum		the same of the sa		SMALL		OR SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		2		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	FOLADA	-		X42=		OR	X84=		
Ш	FIRST PRESE	NIATION OF MI	JLI IPLE DEP	ENDEN	CLAIM		<u>ا</u> ا	+140=		OR	+280=		
TOTAL ADDIT. FEE										OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	<b>+</b>	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	<u> </u>	Minus	***	=7	<u> </u>	$\  \ $	X42=		OR	X84=	-	
L	FIRST PRESE	NTATION OF MI	JLIIPLE DEP	ENDEN	CLAIM		<b>.</b>	+140=		OR	+280=		
TOTAL ADDIT. FEE										OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	11-1	=	11	X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=								OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL		
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												